



Solicitation Information
23 Oct 03

Bid # Continuous Recruitment: CR - 4

TITLE: PHARMACY SERVICES

OPENING DATE AND TIME: Continuous Recruitment

PRE-BID/ PROPOSAL CONFERENCE: NO

Questions concerning this solicitation may be addressed to Mr. John Murray at 401 462-5698

SURETY REQUIRED: NO

BOND REQUIRED: NO

Jerome D. Moynihan, C.P.M., CPPO
Administrator of Purchasing Systems

Vendors must register on-line at the State Purchasing Website at
www.purchasing.state.ri.us.

NOTE TO VENDORS:

No offer will be considered that is not accompanied by a completed and signed Bidder Certification Cover Form.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

PHARMACY SERVICES

The State of Rhode Island, Department of Administration / Division of Purchases, on behalf of the Department of Mental Health, Retardation and Hospitals, Division of Behavioral Healthcare is seeking to expand a list of licensed pharmacies willing to participate in the Community Medication Assistance Program in accordance with the terms of this solicitation and the State's General Conditions of Purchase, which is available on the internet at www.purchasing.state.ri.us. All pharmacies that desire to be included on this list must meet all of the bid criteria listed below.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

- Potential offerors are advised to review all sections of this Request carefully, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.
- All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content, shall be borne by the offeror. The State assumes no responsibility for these costs.
- Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Proposals misdirected to other State locations or which are otherwise not present in the Office of Purchases at the time of opening for any cause will be determined to be late and will not be considered. The official time clock is located in the Reception area of the Department of Administration / Division of Purchases, One Capitol Hill, Providence, RI.
- It is intended that an award pursuant to this Request will be made to a prime contractor, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.

- In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the state until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401 222-3040). *This is a requirement only for the successful vendor(s).*
- Bidders are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Proposals will be considered to be public records, as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request, once an award has been made.

ACCEPTANCE CRITERIA:

Pharmacies seeking to be placed on the agency's list of participating CMAP pharmacies must meet all of the following criteria:

1. Pharmacies must have a current license issued by the State of Rhode Island. This license must be maintained during the term of service.
2. The Provider must enter into a one-year agreement with DBH. That agreement will automatically renew for successive one-year terms thereafter, unless terminated by either the Provider or DBH. Either party may terminate the agreement at any time without cause by giving at least 45 days prior written notice to the other party. If either party defaults in the performance of any of their obligations under the agreement, and such default continues for thirty (30) days after receipt of notice from the non-defaulting party, the non-defaulting party shall have the right to terminate the agreement.
3. Upon a Provider's acceptance into the program, the State Pharmacy will deliver to the Provider an initial supply of medication, the amount and composition of which will be negotiated between the parties involved.
4. The Provider must agree that it will not utilize any medications supplied in conjunction with this program for resale. Medications provided must be utilized solely and exclusively for the filling of CMAP prescriptions. The medications must be segregated from the Provider's regular inventory and must be accounted for separately. The Provider must agree that they will be solely liable and accountable for any shortages or discrepancies experienced after said medications have come within the Provider's exclusive possession and control.
5. DBH will arrange to provide eligible clients with a prescription clearly identified as being eligible to be filled with CMAP medication. This prescription will establish the client's eligibility to receive prescription services under the CMAP program pending a review of the client's insurance status. Only physicians authorized by either DBH or the Community Mental

Health Centers are authorized to prescribe medications to be dispensed in conjunction with the CMAP.

6. Upon presentation of an eligible prescription, the provider must contact REVS to check for Medicaid eligibility. If the call to REVS shows that the client has Medicaid eligibility, the prescription should be dealt with in the same manner as the Provider would handle any other prescription written by a physician for a Medicaid-eligible client.

If the client does not have Medicaid eligibility, the Provider should compound and dispense all qualified prescriptions and covered drugs, subject to legal restrictions and professional ethics and professional judgment of the dispensing pharmacists.

7. DBH agrees to pay the Provider at the rate of \$5.00 for each prescription that the Provider fills within thirty(30) working days of receipt of a proper invoice in accordance with Rhode Island General Laws 42-11.1-3.

8. The State Pharmacy will supply the Provider with additional prescription medications to be dispensed upon receipt of a valid order and periodic dispense reports.

9. The Provider agrees that DBH or a designee shall have the right to conduct audits during normal business hours to insure that: (i) the terms of the program are being complied with; (ii) the Provider is properly accounting for the medications supplied in accordance with this Agreement; and (iii) said medications are dispensed solely to patients identified by DBH as qualifying for the Community Mental Health Medication Assistance Program. The Provider must submit a current inventory of the medications supplied in accordance with this agreement in a form to be determined by DBH upon written request.

10. Medications supplied pursuant to Community Mental Health Medication Assistance Program are limited to those medications, which have been approved by the Eleanor Slater Hospital's Pharmacy and Therapeutics Committee for use in the Community Mental Health Program and are currently on formulary at the Eleanor Slater Hospital.

11. The Provider will maintain the confidentiality of all medical, prescription, and other health information relating to clients in accordance with all applicable laws and regulations. The Provider acknowledges that they will obtain such confidential information during the provision of services and that such confidential information may be obtained from and/or distributed to DBH, the Provider, or the appropriate Community Mental Health Center.

This is a continual enrollment process. At the end of each month, the Division of Purchases will forward all applications received to the "CMAP Review Committee" for evaluation.

Responses (**an original plus one copy**) should be mailed or hand-delivered in a sealed envelope marked “CR – 4 : Pharmacy Services”. No faxed proposals will be accepted. Once again, *send a total of two responses to*

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| By Courier: | By Mail: |
| RI Dept. of Administration Division of Purchases, 2 nd floor One Capitol Hill Providence, RI 02908-5855 | R.I. Department of Administration Division of Purchases P.O. Box 6528 Providence, RI 02940-6528 |

RESPONSE CONTENTS

Responses must include the following:

1. A completed and signed R.I.V.I.P. generated bidder certification cover sheet (downloaded from the RI Division of Purchases Internet home page at <http://www.purchasing.state.ri.us>,
2. Evidence of a current Pharmacy License (acceptance criteria # 1)
3. A completed and signed Taxpayer Identification Number Form (W-9), which is available from the Purchases website at www.purchasing.state.ri.us For assistance, call the Help Line at 401 222-2142, ext 134.